

# PHAROS

*A beacon of hope in the darkness*

*Newsletter of the Reading Prostate Cancer Support Group (RPCSG)*

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*Website: [www.rpcsg.org.uk](http://www.rpcsg.org.uk)*

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## THE AUGUST MEETING

The Chairman Ted Goodhew introduced the evening, and told us about an intention to hold an awareness stand in the Pangbourne Hall on the 28th October. We would appreciate as many volunteers as possible to help at this stand. As usual the day will be divided into shifts of two hours each, during which we hand out information leaflets and answer any questions from the public. If you can help at this stand please send an email to me and I will pass it on to the organisers.

The guest speaker at the August meeting was Dr Paul Rogers, a senior oncology consultant at the RBH. He gave a very informative talk on chemotherapy, radiotherapy and developments in these treatments.

Paul presented a list of all treatments for prostate cancer and briefly described each. He said that a recent development in surgery has been a new procedure during prostatectomy, that results in a better outcome of continence.

Paul described radiotherapy, saying that the rectum is a limiting factor. Exposure to radiation can result in the rectal wall being thinned and can cause bleeding. This effect can take place in the longer term, about 1 to 2 years after treatment. Erectile dysfunction is also a side effect, but its onset is not as quick as after surgical treatment. The radiotherapy dose in the past has been a compromise between treatment and preventing damage to other tissue, mainly the rectum. Shielding techniques are now available that allow higher dosage to be used. High dose radiotherapy has been a recent development, resulting in a reduced number of visits to the hospital for treatment.

Another development has been Volumetric Modulated Arc Therapy (VMAT). This uses cameras to identify precisely the position of the prostate and enables better targeting of the radiation, having a reduction in side effects.

Chemotherapy has late side effects, and these can occur as late as 20 to 30 years after treatment.

Hormone treatment reduces the level of testosterone and this can affect a patient's metabolic rate, weight and make one more susceptible to diabetes and cardiac problems. It helps to prevent recurrence of the cancer.

Paul described the results of some trials. A study called Protect was carried out looking at the effects of surgery, chemotherapy, and watchful waiting, over a period of 10 years. This study found no significant differences in survival between surgery and radiotherapy.

Paul said exercise is vitally important in cancer recovery, and illustrated this in some graphs charting PSA recurrence and survival. It is very important to keep muscles in tone, and thus non aerobic exercises are best, e.g. weight lifting. However aerobic exercises (e.g. cycling) carried out before non-aerobic exercise decreases the effect of the non-aerobic exercise, and so it is recommended that these two types of exercise are separated.

Some trials known as a Stampede project have found that the use of the drug Docetaxal before chemotherapy can give a 2 year survival advantage. The Stampede trial found that the use of Abiraterone (a tablet) before chemotherapy, also gave a 2 year survival advantage. However the usage in this way has not yet received a licence from NICE (National Institute of Health and Care Excellence).

Paul then described proton beam therapy, that has been reported widely in the press,

and is well established in Prague where there is a famous proton beam treatment centre. The Rutherford Proton Company will establish a proton beam facility at the Shinfield site of the Reading University, to be ready in 2018-19. The Government will fund two proton beam centres, in London and Leeds, but these will be used mainly for treating children. 'Proton Partners' will set up a facility in Cardiff, and later another in Northumberland.

Paul said that in the USA, proton beam treatment has been used to treat prostate cancer, and no additional benefit has been found. Also the long term side effects are not yet known.

Intermittent hormone therapy can be applied in cases where a PSA is rising but no secondaries have occurred. Intermittent use will reduce the side effects.

Paul said that great advances have been made in scanning techniques, such as mpMRI, which is almost superseding biopsies. mpMRI can more accurately locate cancer and give a Gleason score. Also genetic testing is rapidly developing, and can indicate the risk of cancer, and also suggest appropriate treatment.

Paul was thanked for his informative talk, and presented with a gift in appreciation.

*{Editor's note: You can read about the Proton Partnership at their home page:  
<http://proton-int.com/> }*



A photograph of Paul taken from his web page at:  
<https://uk.linkedin.com/in/paul-rogers-a957565a>

## **THE SUMMER SOCIAL**

The annual Summer Social was held on the 9th August 2017, and was a very enjoyable occasion. There was a hot and cold buffet meal, with a quiz and raffle.

The Chairman expressed his great appreciation of the fact that the RPCSG group has achieved its 10th anniversary. He gave thanks to all those who helped in the arrangements and preparation of the room. Group member Dr Steve Allen proposed thanks to Beverley. The group would never have been founded and flourished, without the initiative and support from Beverley.

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## **THREE COFFEES PER DAY CAN CUT THE RISK**

There have been some recent reports that consuming three cups of coffee per day can reduce the risk of prostate cancer.

A report in the International Journal of Cancer said that a research team studied 7000 men in the Molise region of Italy. Coffee is prepared there with water at very high temperature, under pressure and with no filters. It is believed that this method increases levels of bioactive substances. The research claimed that the consumption of this Italian-style espresso cut the risk of prostate cancer by more than 50%. The benefit seems to be from the caffeine, as the benefit is lost in those who drank the coffee decaffeinated.

A different trial was reported by the BBC, that said that a report in the Journal of the National Cancer Institute, used a trial of nearly 50,000 men in the USA and found that those that drank six or more cups per day had a 20% lower risk of contracting prostate cancer, and 60% less chance of developing the aggressive form. However charities have said that the evidence is unclear, and would not encourage men to take up coffee drinking in the hope of preventing prostate cancer. In contrast to the Italian coffee report above, the BBC report stated no difference in the effects or caffeinated or decaffeinated coffee. An officer at Cancer Research UK said the study only found a lower risk of advanced prostate

cancer in those who drank more than six coffees per day, and that other studies have found that drinking coffee does not affect the risk of the disease . He would like to see the trials repeated in other large studies.

You can read the detail of these reports at these two web pages:

<http://www.birminghammail.co.uk/news/health/how-drinking-three-coffees-day-12950339>

<http://www.bbc.co.uk/news/health-13430219>

### **DATES FOR YOUR DIARY**

#### **1st SEPTEMBER 2017 at 14:00**

This date is the memorial service for the late Keith Hunt. Details were emailed to members on the 27th July. Please contact me if you need a reminder of the arrangements.

#### **1st SEPTEMBER 2017 at 18:30**

This is the RPCSG group meeting, at which the speaker will be Kay Hargreaves, talking about the Berkshire Rehabilitation Service. This is a service funded by the Macmillan Trust.

Steve Parkinson  
Newsletter Editor.  
[NewsEditorRPCSG@yahoo.com](mailto:NewsEditorRPCSG@yahoo.com)

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